

Jeffries, Dawn (DEQ)

From: Jeffries, Dawn (DEQ)
Sent: Friday, May 02, 2014 2:28 PM
To: 'Rodney McClain'
Subject: Toms Brook Maurertown Sanitary District, VPDES Permit No. VA0061549, Shenandoah County

Dear Mr. McClain:

Your application has been reviewed and appears to be complete. The waivers you requested from sampling and reporting chlorine, TKN, nitrate plus nitrite nitrogen, oil & grease, total phosphorus, and total dissolved solids have been granted. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next 3 months.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,
Dawn Jeffries
VA Dept. of Environmental Quality
Valley Regional Office
P.O. Box 3000
Harrisonburg, Virginia 22801
540-574-7898
dawn.jeffries@deq.virginia.gov

MEMORANDUM

DEPARTMENT OF ENVIRONMENTAL QUALITY

VALLEY REGIONAL OFFICE

4411 Early Road - P.O. Box 3000

Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0061549, Toms Brook Maurertown Sanitary District, Shenandoah County

TO: PP File

FROM: Dawn Jeffries

DATE: April 30, 2014

The following deficiencies were noted in the subject permit reissuance application:

Form 2A

Item 1. Section A.10 is not complete. The missing information is available in the DEQ VRO.

Item 2. Section B.6. Waivers were requested for chlorine, TKN, nitrate plus nitrite nitrogen, oil & grease, total phosphorus, and total dissolved solids. Waivers are granted based on the justification provided.

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: BWC 5/2/14

Jeffries, Dawn (DEQ)

From: Rodney McClain [tbmsd@shentel.net]
Sent: Wednesday, April 30, 2014 3:52 PM
To: Jeffries, Dawn (DEQ)
Subject: Annual Fee, Waivers: TBMSD VA0061549 Reissuance Application
Attachments: img-430152044-0001.pdf

Dear Ms. Jeffries.

Toms Brook-Maurertown Sanitary District requests waivers for the following parameters on form 2A, Part B.6 based upon the following justifications:

- 1) TRC -- The District utilizes UV Disinfection and not chlorine.
- 2) TKN, Nitrate Plus Nitrite, Oil & Grease, Phosphorous, TDS -- No stream water quality standards or limits for the existing plant exists. Therefore, no analyses have been performed.

I have also attached the Annual Fee Form as required.

Please advise if I can provide any further information.

Sincerely,

Rodney W. McClain
Director of Public Utilities
Stoney Creek Sanitary District
Toms Brook-Maurertown Sanitary District
600 N. Main Street
Suite 106
Woodstock, VA, 22664
540-459-7491
540-459-7652(FAX)
540-325-6233(Mobile)
<http://www.shenandoahcountyva.us>

-----Original Message-----

From: WorkCentre 7120 [mailto:sctbm@shentel.net]
Sent: Wednesday, April 30, 2014 3:21 PM
To: tbmsd@shentel.net
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: WorkCentre 7120
Device Location:

For more information on Xerox products and solutions, please visit <http://www.xerox.com/>

VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee

Facility Name: Toms Brook - Maurertown Sanitary District

Permit Number: VA 0061549

Owner Name: Toms Brook - Maurertown Sanitary District

Owner Address: 600 N. Main St
Suite 106
Woodstock, VA 22664

Billing Contact Name: Rodney W. McClain

Title: Director of Public Utilities

Phone Number: 540. 459. 7491

E-Mail Address: tbmsd@shentel.net

Jeffries, Dawn (DEQ)

From: Jeffries, Dawn (DEQ)
Sent: Wednesday, April 30, 2014 1:35 PM
To: 'Rodney McClain'
Subject: Reissuance Applications
Attachments: Permit Billing Information Form.pdf

Hi Rodney,

I'm looking over your reissuance applications for Toms Brook and Stoney Creek. For parameters on form 2A, Part B.6 that you do not have data for, I will need you to request waivers and provide justification. For TRC, the justification can be that chlorine is not used. For the others, it can be that no water quality standards exist for the receiving stream for the pollutant(s).

Also, for Toms Brook I don't see the annual maintenance fee form, so I have attached it. I know it's probably the same information as for Stoney Creek, but could you fill it out and send it for TBMSD?
Email is fine.

Thanks,
Dawn

Dawn Jeffries
VA Dept. of Environmental Quality
Valley Regional Office
P.O. Box 3000
Harrisonburg, Virginia 22801
540-574-7898
dawn.jeffries@deg.virginia.gov

Jeffries, Dawn (DEQ)

From: Rodney McClain [tbmsd@shentel.net]
Sent: Monday, April 21, 2014 4:17 PM
To: Jeffries, Dawn (DEQ)
Subject: TBMSD_VA0061549_PERMIT_REISSUANCE

Good afternoon Dawn.

Attached please find the application for reissuance of TBMSD's VPDES discharge permit. Hard copy to be mailed. As discussed, I would like to request consideration of reduce monitoring for the BOD5 parameter from 3/week to 1/week during the months of Jan-May.

Please do not hesitate to contact me if I can provide any further information.

Thank you.

Rodney

Rodney W. McClain
Director of Public Utilities
Stoney Creek Sanitary District
Toms Brook-Maurertown Sanitary District
600 N. Main Street
Suite 106
Woodstock, VA, 22664
540-459-7491
540-459-7652(FAX)
540-325-6233(Mobile)
<http://www.shenandoahcountyva.us>

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Toms Brook-Mauricetown Sanitary District
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. **Is this facility located within city or town boundaries?** ☐ YES ☒ NO
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.
3. **What is the tax map parcel number for the land where this facility is located?** 34-A-145A
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** NONE ANTICIPATED
5. **ALL FACILITIES:** What is the design average flow of this facility? 0.189 MGD
Industrial facilities: What is the maximum 30-day avg. production level (include units)? N/A

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? ☐ YES ☒ NO

If "Yes", please specify the other flow tiers (in MGD) or production levels: _____
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**
Treatment of domestic wastewater from residential interstate commercial.
75 % of flow from domestic connections/sources
Number of private residences to be served by the wastewater treatment facilities: ☐ 0 ☐ 1-49 ☐ 50 or more
25 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

- ☒ Permanent stream, never dry
☐ Intermittent stream, usually flowing, sometimes dry
☐ Ephemeral stream, wet-weather flow, often dry
☐ Effluent-dependent stream, usually or always dry
☐ Lake or pond at or below the discharge point
☐ Other: _____

DEQ VALLEY

APR 24 2014

To: _____ DMJ

Date: _____

9. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

Please provide email: tbmsd@shentel.net

- ☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

Toms Brook-Maurertown Sanitary District

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Toms Brook-Maurertown Sanitary District

Mailing Address 600 N. MAIN ST
SUITE 106 WOODSTOCK, VA 22664

Contact person RODNEY W. McCLAIN

Title DIRECTOR OF PUBLIC UTILITIES

Telephone number 540.459.7491

Facility Address 148 SANITARY LANE
(not P.O. Box) Toms Brook, VA 22660

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name SAME AS ABOVE

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

DEQ VALLEY

APR 24 2014

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☒ applicant

To: _____

Date: _____

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA 0061549 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

| Name | Population Served | Type of Collection System | Ownership |
|-------------------------------|------------------------|---------------------------|------------------|
| <u>Toms Brook</u> | <u>273 CONNECTIONS</u> | <u>SEPARATE</u> | <u>MUNICIPAL</u> |
| <u>SHENANDOAH COUNTY</u> | <u>341 CONNECTIONS</u> | <u>SEPARATE</u> | <u>MUNICIPAL</u> |
| Total population served _____ | | | |

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

Yes ☒ No ☐

- A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- | | 4/11-3/12
Two Years Ago | 4/12-3/13
Last Year | 4/13-3/14
This Year | |
|-----------------------------------|----------------------------|------------------------|------------------------|-----|
| a. Design flow rate | 0.189 mgd | | | |
| b. Annual average daily flow rate | 106 | 098 | 114 | mgd |
| c. Maximum daily flow rate | 331 | 416 | 461 | mgd |

- A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

| | | | |
|----------|-----------------------------------|------------|---|
| <u>X</u> | Separate sanitary sewer | <u>100</u> | % |
| | Combined storm and sanitary sewer | | % |

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- | | |
|--|---|
| i. Discharges of treated effluent | 1 |
| ii. Discharges of untreated or partially treated effluent | 0 |
| iii. Combined sewer overflow points | 0 |
| iv. Constructed emergency overflows (prior to the headworks) | 0 |
| v. Other | 0 |

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? Yes ☐ No ☒

If yes, provide the following for each surface impoundment:

Location:

Annual average daily volume discharged to surface impoundment(s) mgd

Is discharge continuous or intermittent?

- c. Does the treatment works land-apply treated wastewater? Yes ☐ No ☒

If yes, provide the following for each land application site:

Location:

Number of acres:

Annual average daily volume applied to site: Mod

Is land application continuous or intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? Yes ☐ No ☒

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FACILITY NAME AND PERMIT NUMBER: VA 0061549

Form Approved 1/14/99
OMB Number 2040-0086

TOMS BROOK - MAURERTOWN SANITARY DISTRICT

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

NA mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

____ Yes

☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method

_____ continuous or

_____ intermittent?

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APR 24 2014

To: _____

Date: _____

Toms Brook MAURERTOWN SANITARY DISTRICT

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location 22664
(City or town, if applicable) (Zip Code)
SHENANDOAH VIRGINIA
(County) (State)
38° 56' 34" 78° 26' 12"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Average daily flow rate .114 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
_____ Yes X No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? _____ Yes X No

A.10. Description of Receiving Waters.

- a. Name of receiving water Toms Brook
- b. Name of watershed (if known) Shenandoah
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): Potomac
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER: VA 0061549

Form Approved 1/14/99
OMB Number 2040-0086

TOMS BROOK - MAURETOWN SANITARY DISTRICT

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary☒ Secondary☐ Advanced☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal

85.95 %

Design SS removal

85.95 %

Design P removal

%

Design N removal

%

Other

%

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

UV Disinfection

If disinfection is by chlorination, is dechlorination used for this outfall?

N/A

☐ Yes☐ No

- d. Does the treatment plant have post aeration?

☒ Yes☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number:

001

| PARAMETER | MAXIMUM DAILY VALUE | | AVERAGE DAILY VALUE | | |
|---------------------------|---------------------|-------|---------------------|-------|-------------------|
| | Value | Units | Value | Units | Number of Samples |
| pH (Minimum) 2013 | 6.51 | S.U. | | | |
| pH (Maximum) 2013 | 7.31 | S.U. | | | |
| Flow Rate 2013 | 402 | MGD | 108 | MGD | 365 |
| Temperature (Winter) 2013 | 16.7 | °C | 10.8 | °C | 365 |
| Temperature (Summer) 2013 | 22.9 | °C | 19.6 | °C | 365 |

* For pH please report a minimum and a maximum daily value

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | AVERAGE DAILY DISCHARGE | | | ANALYTICAL METHOD | ML / MDL |
|-----------|-------------------------|-------|-------------------------|-------|-------------------|-------------------|----------|
| | Conc. | Units | Conc. | Units | Number of Samples | | |

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

| | | | | | | | | |
|--|--------|-------|-------|------|-------|----|--------------|------------|
| BIOCHEMICAL OXYGEN DEMAND (Report one) | BOD-5 | 14 | mg/l | 3.33 | mg/l | 92 | SM 5210B- | 30/45 mg/l |
| | CBOD-5 | N/A | | | | | | |
| FECAL COLIFORM | e.coli | 10.77 | N/CML | 4.97 | N/CML | 19 | Coli-lect SM | 126 N/CML |
| TOTAL SUSPENDED SOLIDS (TSS) | | 15 | mg/l | 9.58 | mg/l | 12 | SM 2540D | 30/45 mg/l |

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

TOMS BROOK MAURERTOWN SANITARY DISTRICT

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day)

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

1030 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Installation of manhole cover liners.
Reseal frame and covers.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

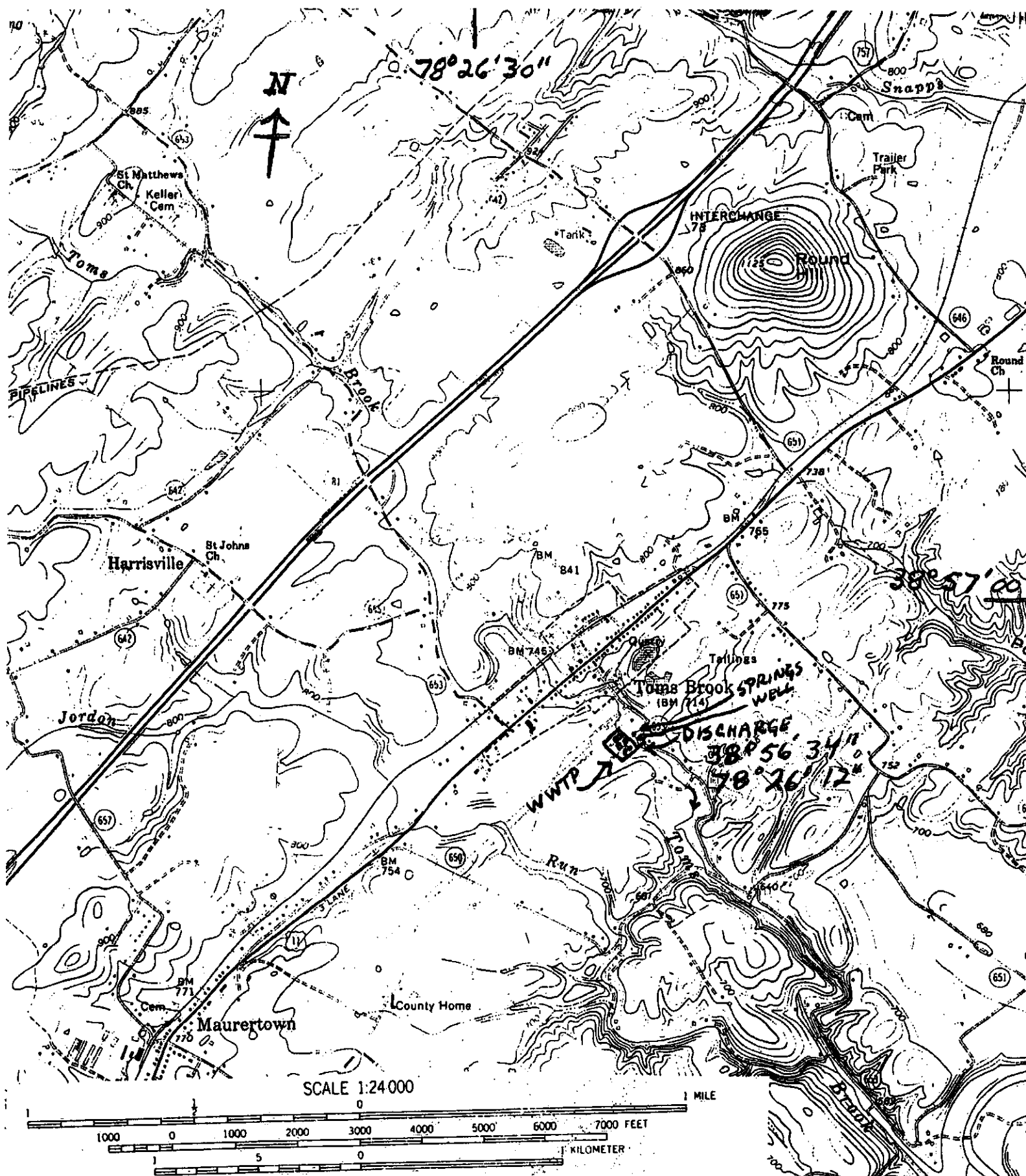
Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.) N/A

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes No



CONTOUR INTERVAL 20 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

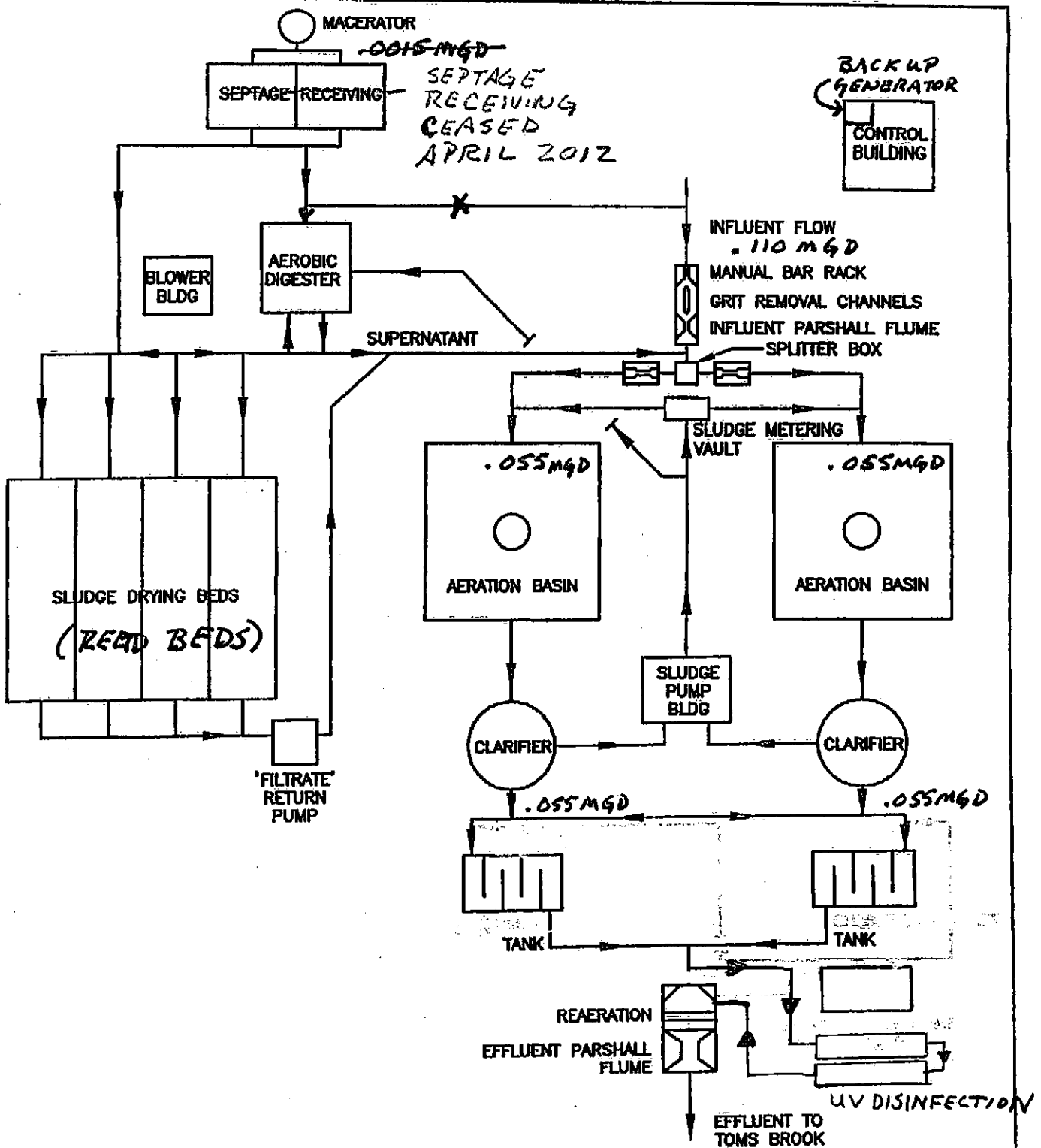
PART B, B:2

VA 0061549

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
AND VIRGINIA DIVISION OF MINERAL RESOURCES, CHARLOTTESVILLE, VIRGINIA 22903
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

TOMS BROOK, VA.
NW/4 STRASBURG 15' QUADRANGLE
N3852.5—W7822.5/7.5

1966
PHOTOREVISED 1978
AMS 5361 IV NW—SERIES V834



PART B
 B.3

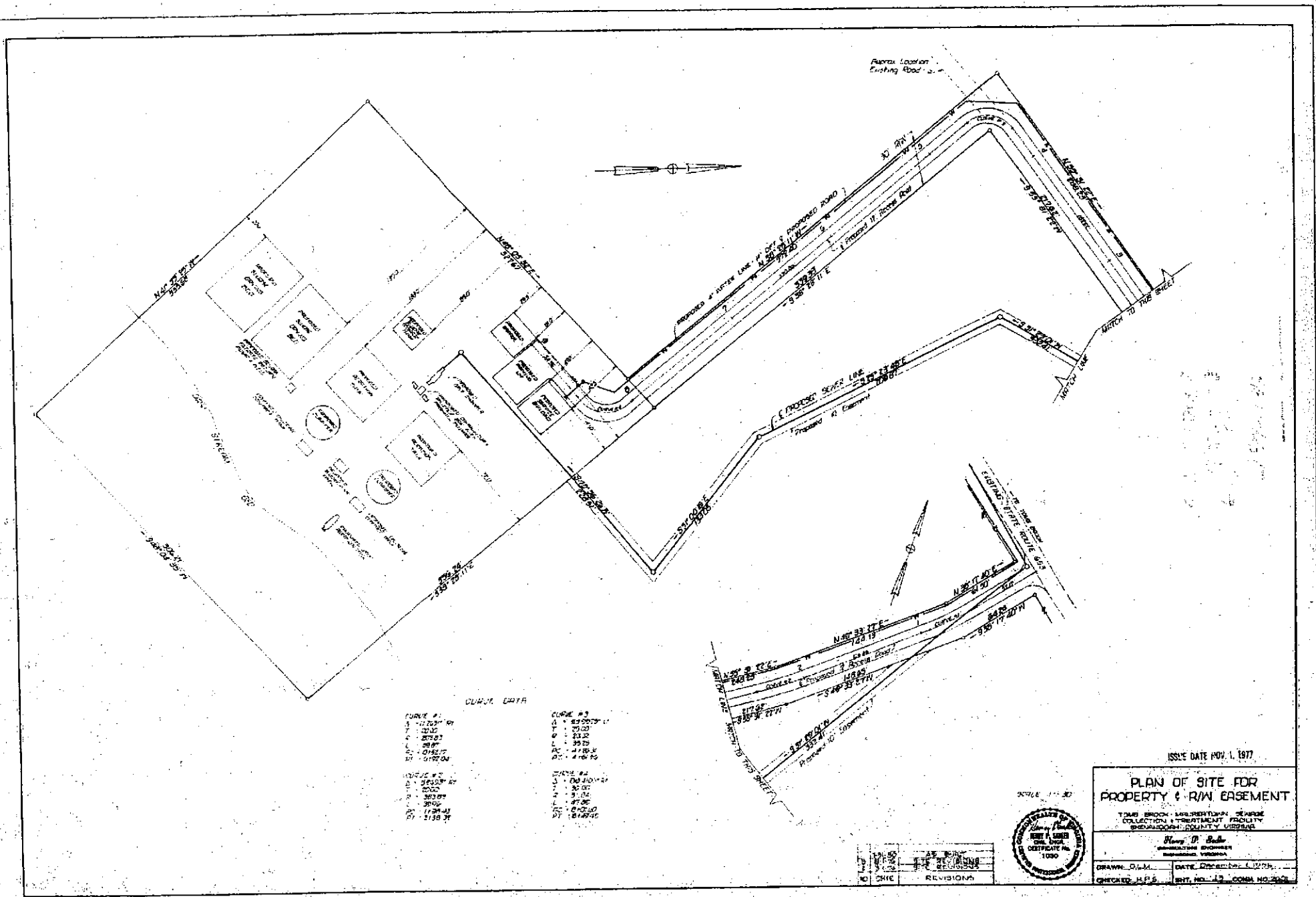


Stearns & Wheeler, LLC
 Environmental Engineers and Scientists

TOMS BROOK-MAURERTOWN SANITARY DISTRICT
 TOMS BROOK SEWAGE TREATMENT PLANT

EXISTING PROCESS FLOW DIAGRAM

VA 0061549



VA 0061549

FACILITY NAME AND PERMIT NUMBER: **VA 0061549**Form Approved 1/14/99
OMB Number 2040-0086**TOMS BROOK MAUBERTOWN SANITARY DISTRICT**

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

| Implementation Stage | Schedule MM / DD / YYYY | Actual Completion MM / DD / YYYY |
|----------------------------|----------------------------|-------------------------------------|
| - Begin construction | ___/___/___ | ___/___/___ |
| - End construction | ___/___/___ | ___/___/___ |
| - Begin discharge | ___/___/___ | ___/___/___ |
| - Attain operational level | ___/___/___ | ___/___/___ |

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

| POLLUTANT | MAXIMUM DAILY DISCHARGE | | AVERAGE DAILY DISCHARGE | | | ANALYTICAL METHOD | ML / MDL |
|---|-------------------------|-------|-------------------------|-------|-------------------|-----------------------|------------|
| | Conc | Units | Conc | Units | Number of Samples | | |
| CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. | | | | | | | |
| AMMONIA (as N) 2013 | 9.7 | mg/l | 4.8 | mg/l | 30 | SM 4500N | 6.9/9.3 mg |
| CHLORINE (TOTAL RESIDUAL, TRC) N/A | | | | | | | |
| DISSOLVED OXYGEN 2013 | 6.9 | mg/l | 9.2 | mg/l | 52 | SM 4500OG 1876 Ed. | 6.7 mg/l |
| TOTAL KJELDAHL NITROGEN (TKN) N/A | | | | | | | |
| NITRATE PLUS NITRITE NITROGEN N/A | | | | | | | |
| OIL and GREASE N/A | | | | | | | |
| PHOSPHORUS (Total) N/A | | | | | | | |
| TOTAL DISSOLVED SOLIDS (TDS) N/A | | | | | | | |
| OTHER | | | | | | | |

END OF PART B.**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER: VA 00 61549

Form Approved 1/14/99
OMB Number 2040-0086

Toms Brook MAURERTOWN SANITARY DISTRICT

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

Rodney W McClain Director of Public Utilities

Signature

Rodney W McClain

Telephone number

540. 459. 7491

Date signed

April 21, 2014

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 - Sludge Disposal Management (To be completed by all facilities)

Facility Name: Toms Brook Manor town Sanitary District VPDES Permit No: VA 0061549

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☒ A back up method of sludge disposal

a. Receiving Facility Name

North Fork Regional WW Treatment Facility

b. Receiving Facility VPDES Permit No.

VA 0090328

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge

Landfill (Shenandoah County)

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☒ Yes ☐ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

Shenandoah County

b. Landfill Permit No.

469

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☐ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name

c. Air Registration No.

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

☐ Yes ☐ No

VDACS certification number? _____

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☐ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

b. Permit No.

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 - Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☐ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No
If no, provide the data with this application. _____

Part 3 - Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form - Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title

Rodney W. McClain

Signature

Rodney W. McClain

Telephone number / Email

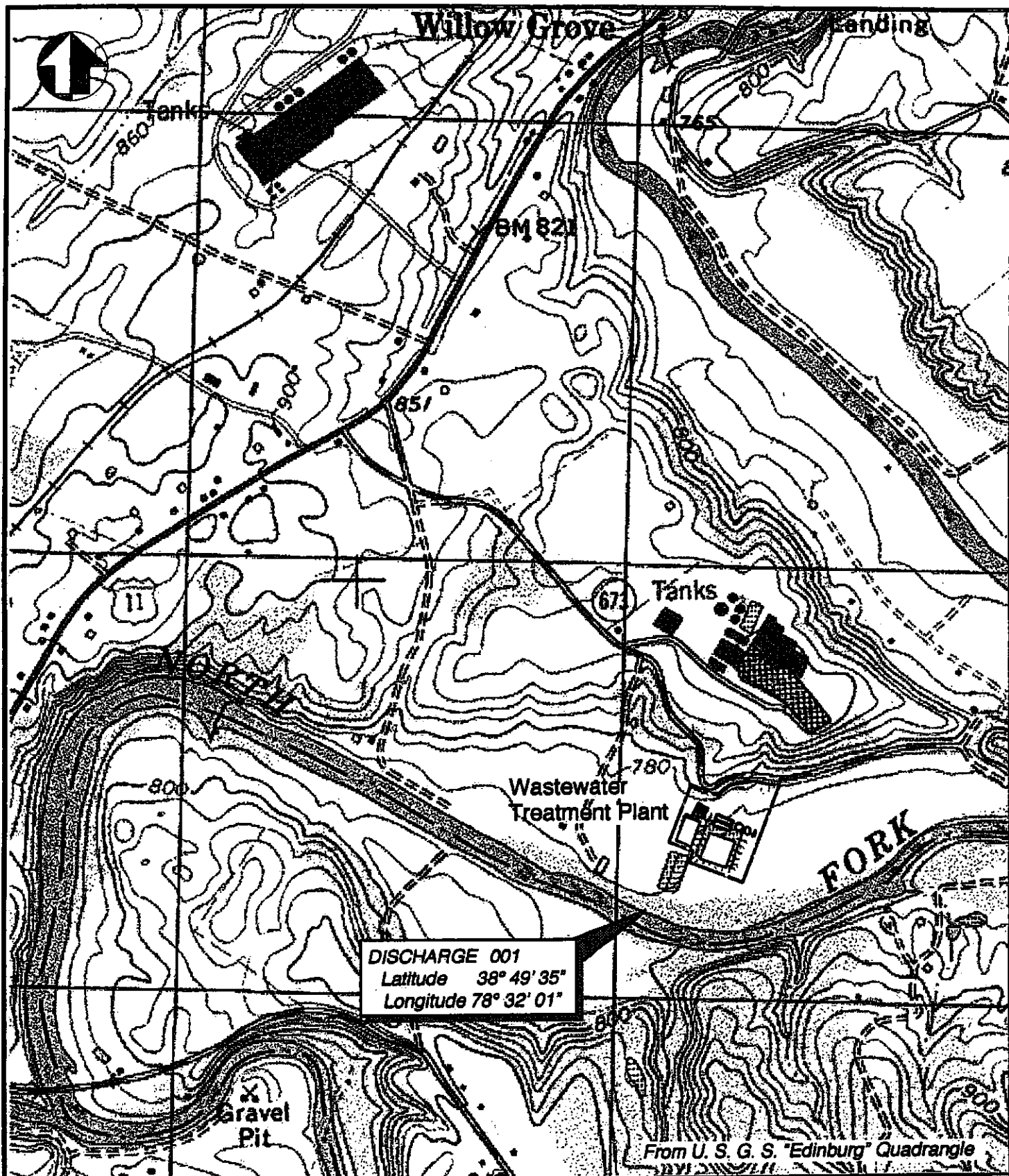
(540) 459, 7491 tbmsd@shentel.net

Date signed

April 21, 2014

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

TBMSD VA0061549

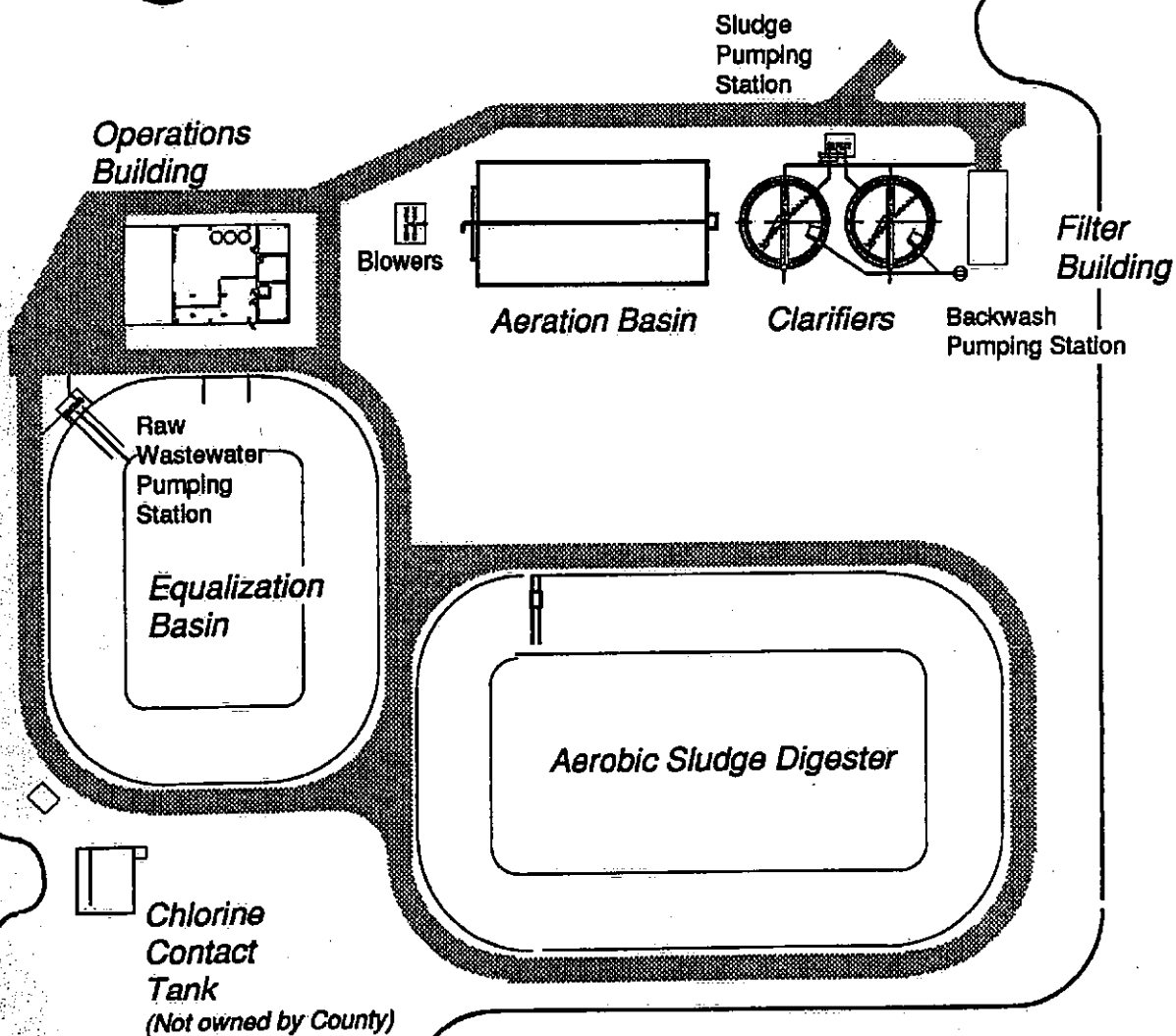


**LOCATION MAP
North Fork Regional
Wastewater Treatment Facility**

Scale 1" = 1000'

Revision 1.2
September, 1999

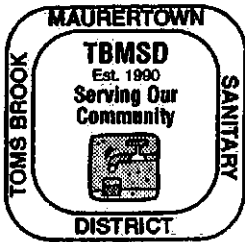
TBMSD
VA0061549



NORTH FORK REGIONAL WASTEWATER TREATMENT FACILITY SITE PLAN

Revision 1.0

July, 1999



**TOMS BROOK-MAURERTOWN
SANITARY DISTRICT**

600 NORTH MAIN STREET, SUITE 106
WOODSTOCK, VIRGINIA 22664-1855
www.shenandoahcountyva.us/water

Office (540) 459-7491
Fax (540) 459-7652

Office Hours:
Mon.-Fri. 8:30-4:30

April 10, 2014

North Fork Regional Wastewater Plant
Mary Beth Price
600 N. Main St. Suite 102
Woodstock, VA 22664

Re: Sludge that you receive from Toms Brook-Maurertown Sanitary District STP,
VPDES Permit No. VA0061549

Dear Mrs. Price:

To be in compliance with the VPDES Permit Regulation (9 VAC 25-31-530 G) I am required to notify you that in treating and disposing of our sewage sludge you must comply with the VPDES Permit Regulation Part VI, Subpart B – Land Application.

Should you have any questions on this matter please contact the Valley Regional Office of the Department of Environmental Quality.

Sincerely,

Rodney W. McClain
Director of Public Utilities

RWM/cs

County of Shenandoah

BOARD OF SUPERVISORS

DISTRICT 1 - DICK NEESE 540.740.3414
DISTRICT 2 - STEVE BAKER 540.477.3550
DISTRICT 3 - DAVID FERGUSON 540.984.8777
DISTRICT 4 - CINDY BAILEY 540.481.0471
DISTRICT 5 - MARSHA SHRUNTZ 540.465.3928
DISTRICT 6 - CONRAD HELSLEY 540.481.6167

600 N. Main Street, Ste 102
WOODSTOCK, VA 22664



Tel: 540.459.6165 Fax: 540.459.6168
www.shenandoahcountyva.us

OFFICE OF COUNTY ADMINISTRATION

MARY T. PRICE
COUNTY ADMINISTRATOR

April 10, 2014

Stoney Creek Sanitary District
Mr. Rodney W. McClain
600 N. Main St. Suite 106
Woodstock, VA 22664

Re: Biosolids Acceptance
North Fork Regional WWTP – VPDES VA 0090328
Shenandoah County Landfill – Permit No. 469

Dear Mr. McClain:

The County of Shenandoah, as owners of the North Fork Regional WWTP and Shenandoah County Department of Solid Waste, agree to accept liquid and dried biosolids from the Stoney Creek Sanitary District, VA 0028380 and Toms Brook-Maurertown Sanitary District, VA 0061549.

Sincerely,

Mary Beth Price
County Administrator

MBP/cs

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Northern VA Daily in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Toms Brook - Maurertown Sanitary District

Owner: SAMG

Agent/Department Address: 600 N. Main St

Suite 106

Woodstock, VA 22664

Agent's Telephone No.: 540. 459. 7491

Printed Name: Rodney W. McClain

Authorizing Agent - Signature: Rodney W. McClain

Date: Apr. 1 21, 2014

Facility Name: Toms Brook - Maurertown Sanitary District

VPDES Permit No. VA 0061549